

Improving Vaccine Access: Working with Pharmacists

December 10, 2025



Association of
Immunization
Managers

Agenda

- Introductions
- Presentations
 - Dave McCormick
 - Bindy Crouch, MD, MPH
 - Gerad Buffington, PharmD
 - Brigid Groves, PharmD
- Q&A
- AIM and Partner Resources



Dave McCormick

Program Manager
Indiana Department
of Health



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Vice President, Professional Affairs
American Pharmacists Association
(APhA)



Indiana
Department
of
Health

INCREASING PHARMACY ACCESS IN THE VFC PROGRAM

DAVE MCCORMICK, DIRECTOR
IMMUNIZATION DIVISION

12/10/2025

Why Pharmacy?

- Indiana Code allows pharmacists to vaccinate down to age 11
- Low adolescent coverage rates for 6th and 12th grade
- Focus on HPV vaccine access
- Health disparity with access between public and private vaccine

VFC in Pharmacy Roadmap

2019

Assessing Interest

Called all retail pharmacies operating in Indiana and discussed VFC. Some interest but many perceived barriers

2022

Try, Try and Try Again

Worked with one retail pharmacy but they withdrew before all stores were enrolled

2020

COVID-19 Pandemic

Retail pharmacies enrolled in COVID-19 Program

2024

Success

Kroger Health enrolls 112 pharmacies



Indiana
Department
of
Health

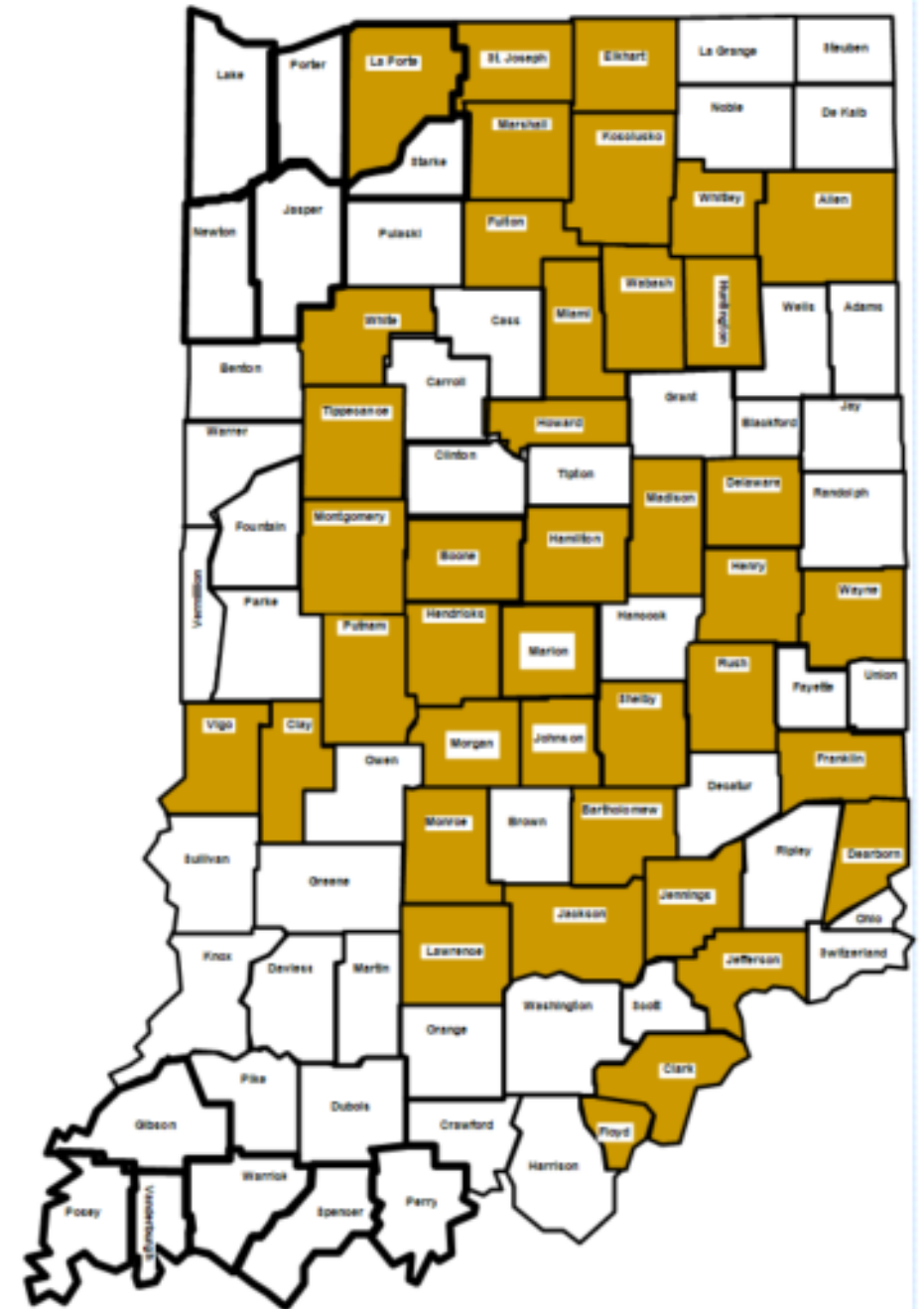
Embrace Change



- VFC requirements versus Indiana requirements
- How can we use technology to make enrollment easier for pharmacies/providers?
- Right staff in the right job
- Don't take "no" easily
- Be bold

Kroger Locations

- 112 locations in Indiana
- Expedited enrollment process
 - COVID providers
 - Virtual enrollment
 - On-line customized training
- Approved vaccine replacement model
- Registry communication



Advertising our Partnership

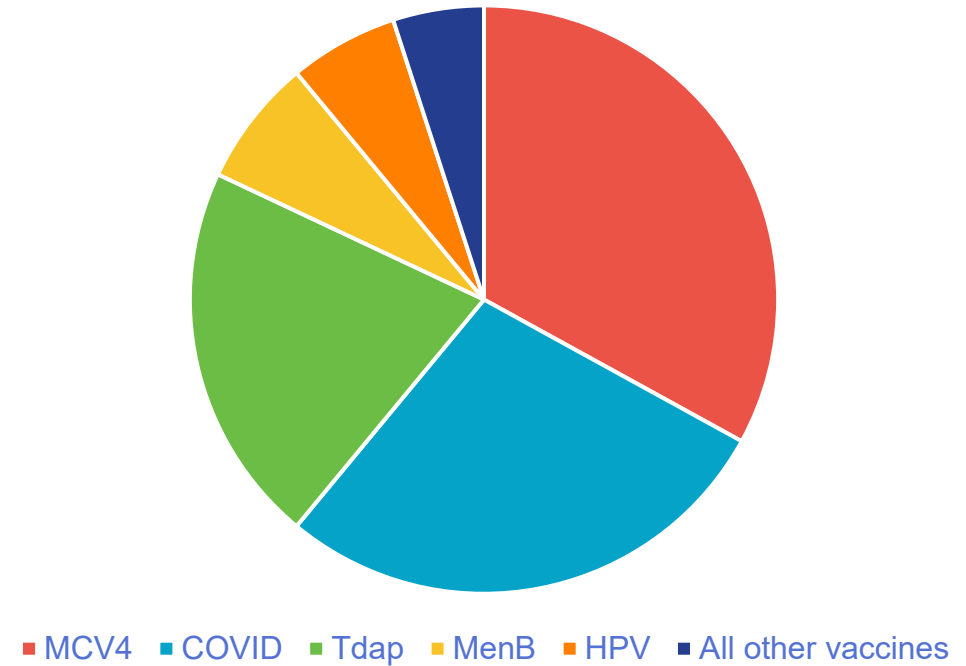
- Press release
- Counter signs/window clings
- Morning news shows
- Kroger radio/in-house advertising
 - Specialized messages
- VFC map
- Communication to schools with access to a Kroger pharmacy
 - Draft letter to parents
 - Draft newsletter article



Results

- Actively vaccinating for six months
- 93% of stores have administered one or more VFC vaccine
- MCV4 has been administered more than any other vaccine
- MenB vs HPV utilization

Vaccines Administered by Type



Questions?

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Pharmacy Vaccination in NYC

Bindy Crouch, MD, MPH

Assistant Commissioner/Program Manager

Bureau of Immunization

New York City Health Department

NYC Pharmacy Landscape

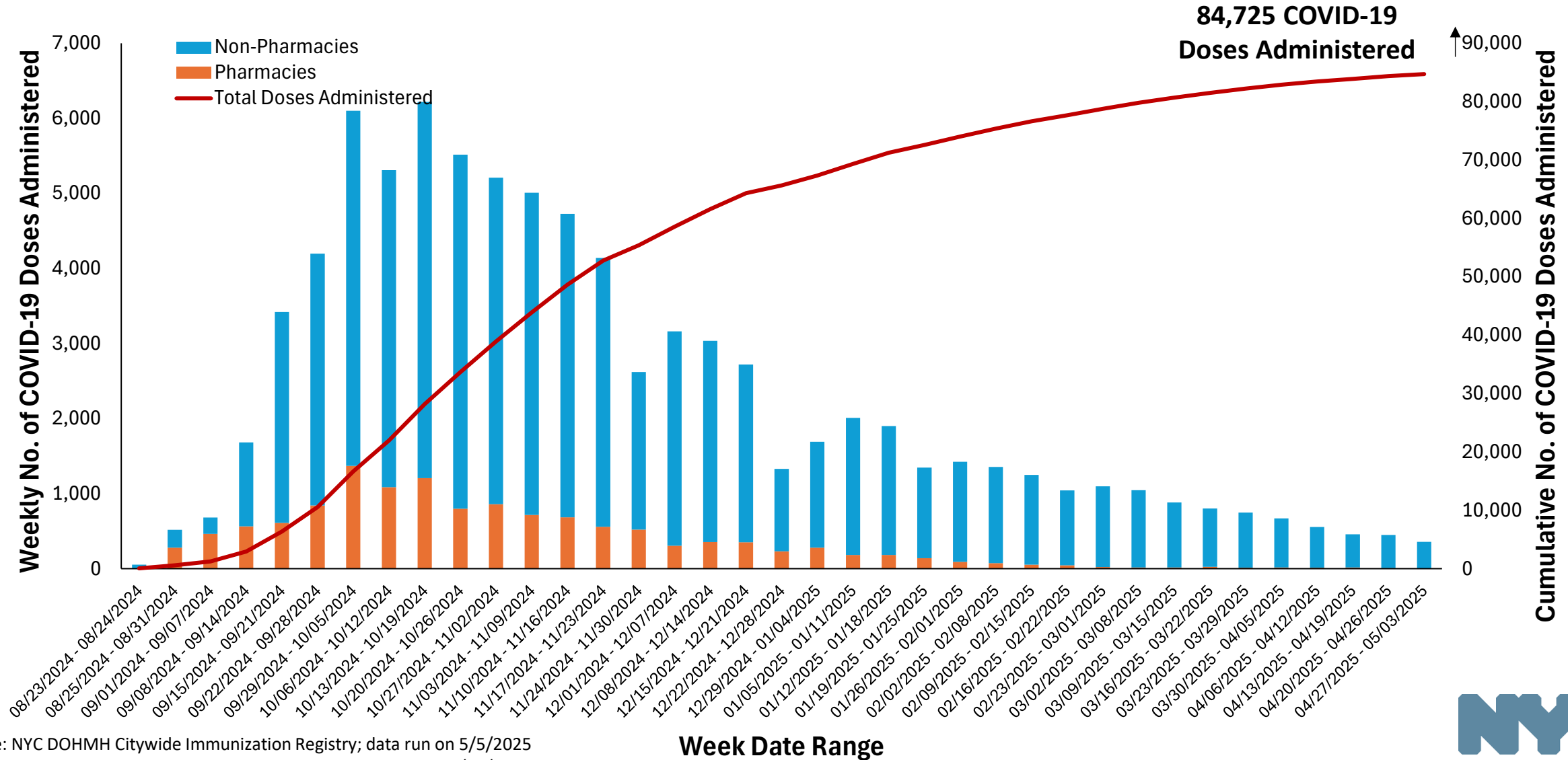
NYC Pharmacies

- Pharmacists must be certified in immunization to administer vaccines in NYS/NYC
 - Most recommended vaccines for age 18 and older
 - Flu for age 2 and up
 - COVID for age 3 and up based on PREP Act

NYC Pharmacies

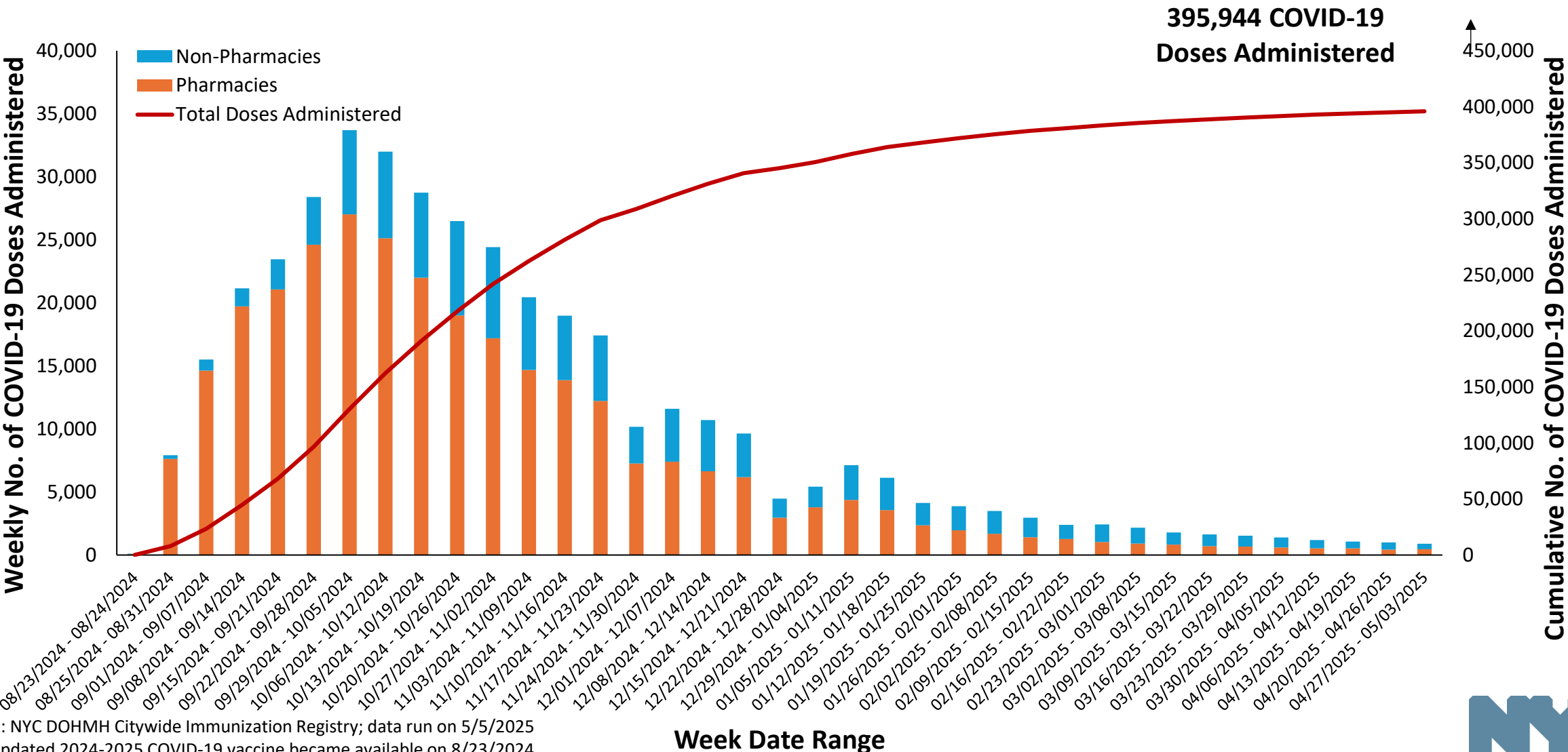
- More than 2500 independent pharmacies in NYC
 - As of 12/1/2025, 664 have reported at least 1 dose of vaccine administered to the Citywide Immunization Registry (CIR)
 - 45 enrolled in VFC program
 - 340+ enrolled in our pharmacy standing order program
- Just under 400 chain pharmacies in NYC
 - As of 12/1/2025, 389 have reported at least 1 dose of vaccine to the
 - Number of chain pharmacies decreasing in recent years

COVID-19 Vaccine Doses Administered to Children Ages 6 Months to 18 Years, New York City, 2024–2025



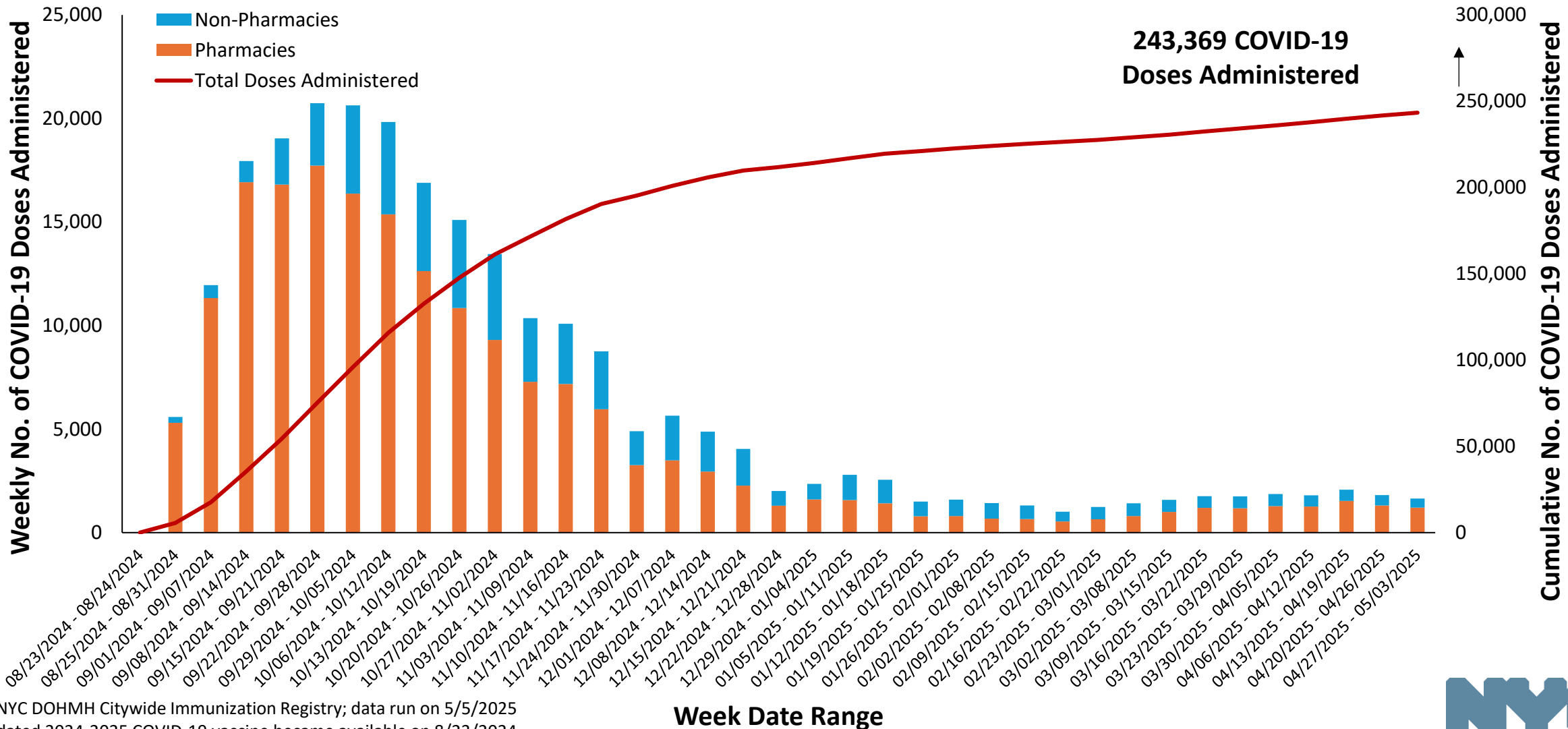
Source: NYC DOHMH Citywide Immunization Registry; data run on 5/5/2025
*The updated 2024-2025 COVID-19 vaccine became available on 8/23/2024

COVID-19 Vaccine Doses Administered to Adults Ages 19 to 64 Years and Reported to the Citywide Immunization Registry, New York City, 2024–2025



Source: NYC DOHMH Citywide Immunization Registry; data run on 5/5/2025
*The updated 2024-2025 COVID-19 vaccine became available on 8/23/2024
**Adult vaccine administration data represent doses reported to the Citywide Immunization Registry only; data are likely incomplete due to the adult consent requirement

COVID-19 Vaccine Doses Administered to Adults Ages 65+Years and Reported to the Citywide Immunization Registry, New York City, 2024–2025



Source: NYC DOHMH Citywide Immunization Registry; data run on 5/5/2025
*The updated 2024-2025 COVID-19 vaccine became available on 8/23/2024
**Adult vaccine administration data represent doses reported to the Citywide Immunization Registry only; data are likely incomplete due to the adult consent requirement

NYC Independent Pharmacies

NYC Pharmacy Immunization Standing Order Program (1)

- Independent pharmacies provided a standing order written and signed by the NYC Health Department physician*
 - Supervising pharmacist must attend annual
 - Sign a cooperative agreement – key requirements:
 - Report aggregate doses administered to the Bureau of Immunization
 - Report individual doses administered to the Citywide Immunization Registry (with patient consent for persons 19 years and older)
 - Participate in a compliance site visit during first year of enrollment, periodically thereafter
 - Must list their pharmacy on the NYC Health Map
 - Must participate in a pandemic vaccination campaign

*Pharmacies/pharmacists may obtain a standing order from affiliated or community physician

NYC Pharmacy Immunization Standing Order Program (2)

- Under the NYC Health Department standing order pharmacists are authorized to administer:
 - Hepatitis A, hepatitis B, human papillomavirus (HPV), measles/mumps/rubella (MMR), meningococcal, pneumococcal, respiratory syncytial virus (RSV), tetanus-containing, varicella, and zoster vaccines to patients 18 years of age and older
 - Influenza vaccines to patients 4 years of age and older
- COVID-19 New York State 2025-2026 standing orders available here:
health.ny.gov/prevention/immunization/providers/standing_orders.htm

Pharmacy Immunization Standing Order Program, 2023–2024

- 334 pharmacies were enrolled, representing pharmacies from all 5 boroughs:
 - 33% of enrolled pharmacies in Queens
 - 31% in Brooklyn
 - 18% in Manhattan
 - 13% in the Bronx
 - 5% in Staten Island
- Nearly 78,000 vaccine doses were administered

Map of Pharmacies Enrolled in Pharmacy Immunization Standing Order Program, 2023–2024

Legend

Pharmacy Locations

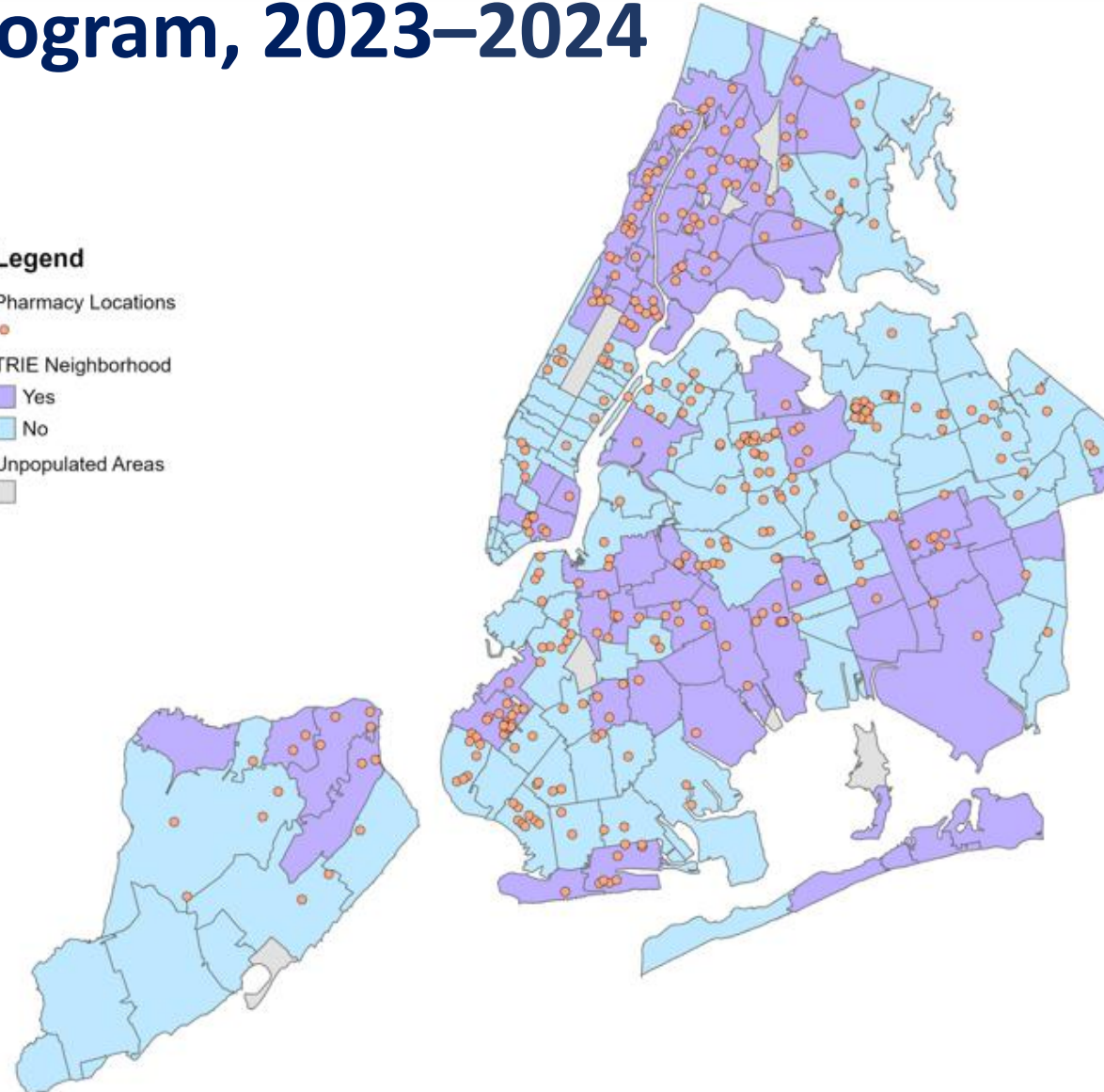


TRIE Neighborhood

Yes

No

Unpopulated Areas



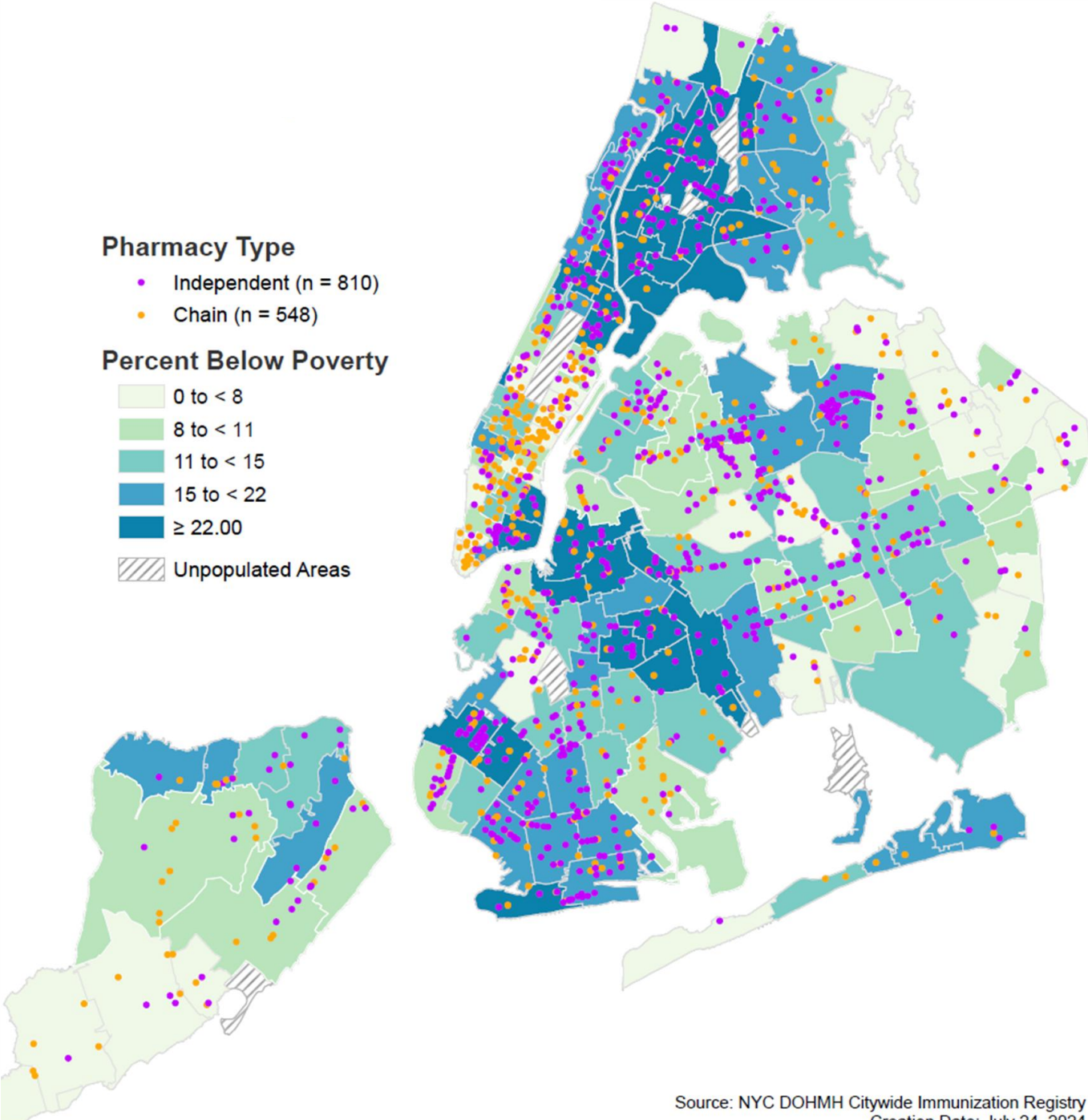
Source: NYC Citywide Immunization Registry

Role of the NYC Independent Pharmacies COVID-19 Vaccination

Pharmacy Administration: First dose of COVID-19 vaccine

- 1,358 pharmacies administered first doses of COVID-19 vaccine in NYC
 - 810 (60%) independent
 - 548 (40%) chain

Distribution of Independent and Chain Pharmacies by Neighborhood Poverty Level



People Vaccinated at Pharmacies: First dose of COVID-19 Vaccine

- A total of 2,030,098 people received their first doses at pharmacies
 - 505,199 (25%) at independent
 - 1,524,899 (75%) at chain

Demographics of People Receiving First Doses of COVID-19 Vaccine at Pharmacies

	Overall N = 2,030,098 (%)	Independent N = 505,199 (%)	Chain N = 1,524,899 (%)	Adjusted Odds Ratio (95% CI)
Age group (years)				
3-17	239,569 (12)	49,034 (9.7)	190,535 (12)	2.07 (2.05, 2.10)
18-64	1,465,524 (72)	365,313 (72)	1,100,211 (72)	reference
65+	325,005 (16)	90,852 (18)	234,153 (15)	1.06 (1.05, 1.07)
Race/Ethnicity				
Asian, non-Hispanic	353,311 (17)	95,027 (19)	258,284 (17)	1.39 (1.37, 1.40)
Black, non-Hispanic	292,750 (14)	54,919 (11)	237,831 (16)	0.7 (0.69, 0.71)
White, non-Hispanic	542,958 (27)	115,385 (23)	427,573 (28)	reference
Multiple races, non-Hispanic	1,873 (< 1)	543 (< 1)	1,330 (< 1)	1.60 (1.44, 1.79)
Hispanic	536,859 (26)	153,535 (30)	383,324 (25)	1.31 (1.30, 1.32)
Other	68,557 (3.4)	21,131 (4.2)	47,426 (3.1)	1.61 (1.58, 1.64)
Unknown	233,790 (12)	64,659 (13)	169,131 (11)	1.37 (1.35, 1.39)
Neighborhood Poverty Level				
0 to < 8%	255,224 (13)	52,575 (10)	202,649 (13)	reference
8 to < 11%	473,120 (23)	104,880 (21)	368,240 (24)	0.93 (0.91, 0.94)
11 to < 15%	416,878 (21)	83,640 (17)	333,238 (22)	0.84 (0.83, 0.85)
15 to < 22%	471,329 (23)	129,312 (26)	342,017 (22)	1.18 (1.16, 1.19)
≥ 22%	413,547 (20)	134,792 (27)	278,755 (18)	1.52 (1.49, 1.54)

People Vaccinated at Pharmacies: First dose of COVID-19 Vaccine

- Independent pharmacies administered fewer first doses of COVID-19 vaccine than chain pharmacies.
- Several high-priority populations had increased odds of being vaccinated at an independent versus a chain pharmacy in comparison to the reference groups, including those ages 65 years and over, non-Hispanic Asian people, Hispanic people and people living in neighborhoods with higher poverty levels.

Promoting and Protecting the City's Health



Text-Size

Other Service Categories

Showing 769 facilities



Search for providers administering recommended immunizations by age, appointment requirement and insurance status.

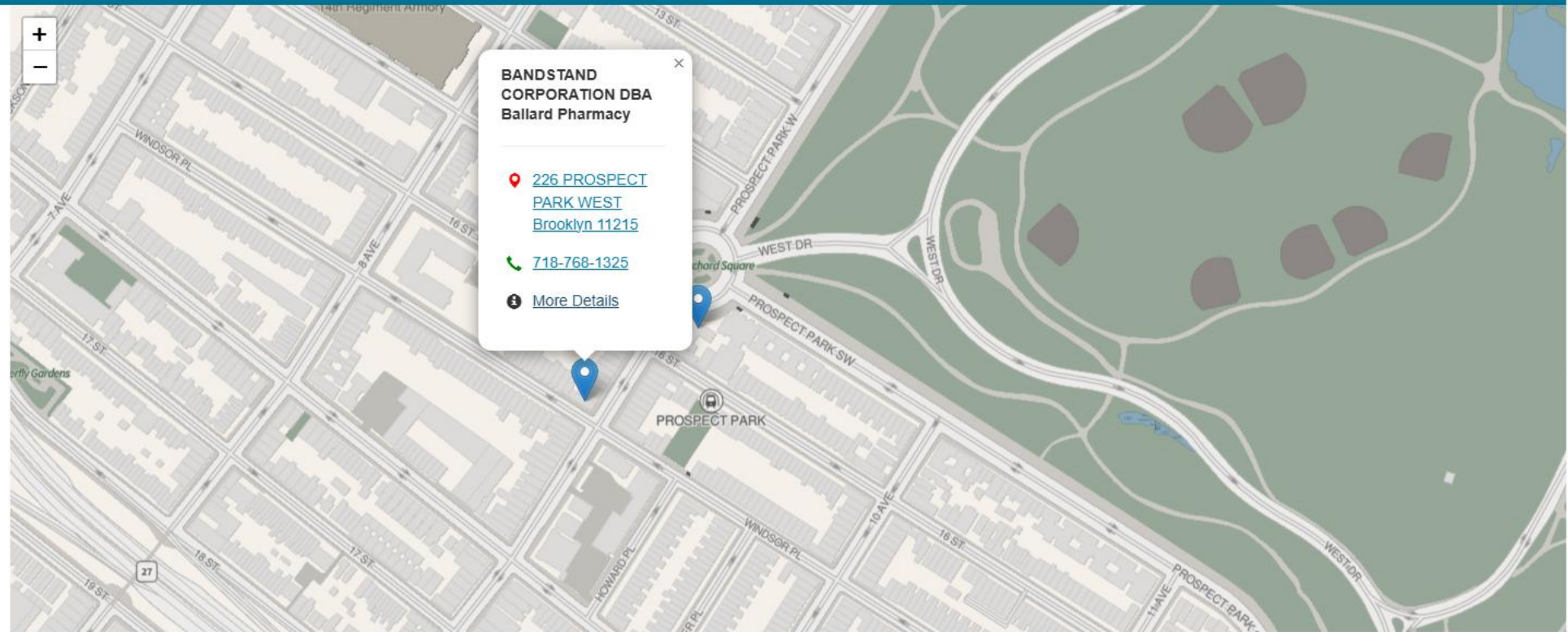
Services

- ☐ COVID-19 Vaccine
- ☐ Flu Vaccine
- ☐ Hepatitis A Vaccine
- ☐ Hepatitis B Vaccine
- ☐ Human Papillomavirus (HPV) Vaccine
- ☐ Measles, Mumps, Rubella (MMR) Vaccine
- ☐ Meningococcal (Meningitis) Vaccine
- ☐ Mpox Vaccine
- ☒ Pneumococcal (Pneumonia) Vaccine
- ☐ Polio Vaccine
- ☐ Respiratory Syncytial Virus (RSV) Vaccine
- ☐ Tetanus and Pertussis (Tdap, Td) Vaccines
- ☐ Varicella (Chickenpox) Vaccine
- ☐ Zoster (Shingles) Vaccine

Filters

Show all Reset

- Location
- Ages Served



Search Results

Facility Name	Address	Phone	
100 Care Pharmacy	36-42 Union St. Queens 11354	718-799-0138	More Details
123 Pharmacy	3712 Prince St,F14	718-971-1690	More Details

Thank you!

Partnering with MS Pharmacies

Gerad S. Buffington, PharmD
Vaccine Manager
MSDH Office of Immunizations



Objectives

1. Discuss current VFC status in Mississippi and need for pharmacy enrollment
2. Outline barriers
3. Describe current strides and future plans to increase pharmacy enrollment

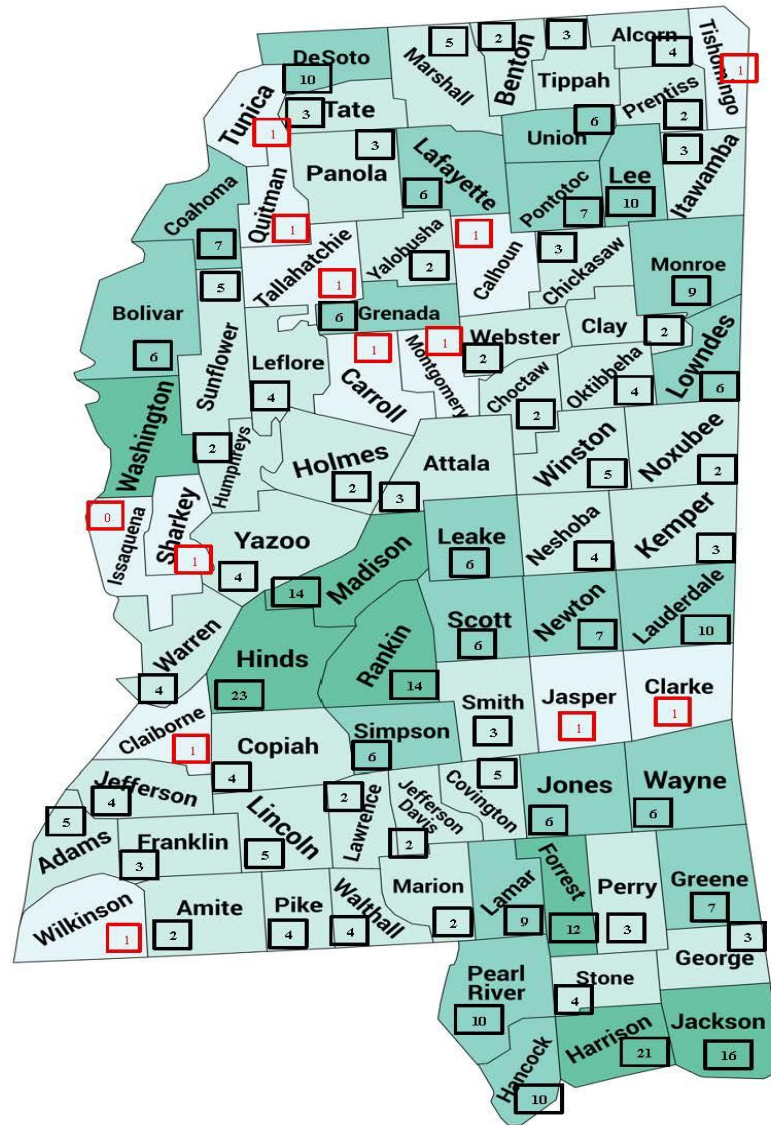
Current VFC Status in MS

- ~420 providers across 82 counties (75 County HDs)
- We have at least 1 VFC provider in each MS county
- Goal is to have at least 2 VFC providers enrolled in 95% of MS counties

Addressing a Need

- MS is a very rural state with limited access to primary care in some areas
- MS is downsizing/closing CHDs that do not see much foot traffic
- Many rural towns have a local pharmacy
- Currently we have only 1 pharmacy enrolled in VFC

Regional VFC Provider Enrollment



Barriers to Pharmacy Enrollment

- Not all independent pharmacies administer vaccines
- MS BOP does not oversee vaccine use
- Pharmacists not recognized as providers in MS (must have CPA)

Barriers to Pharmacy Enrollment

- Currently no statewide standing orders for pharmacists to administer vaccines
- No monetary incentives; issue with seeking reimbursement from MS Medicaid for vaccine administration
- Vaccine storage and handling

Current Strides and Future Plans

- MSDH pharmacists are actively working on statewide standing orders
- Immunizations program hired enrollment staff specifically tasked with pharmacist recruitment (initial focus on independents)
- Plans to implement pilot vaccine replacement model (hopefully within the next year)
- Plans to hire staff/redirect existing staff to oversee replacement model

Thank You!





APhA

*For Every Pharmacist.
For All of Pharmacy.*

Improving Vaccine Access: Working with Pharmacists

Brigid K. Groves, PharmD, MS
Vice President, Professional Affairs

American Pharmacists Association



The American Pharmacists Association (APhA) is the first-established, largest, and most diverse national professional association representing pharmacists, pharmaceutical scientists, student pharmacists, and pharmacy technicians in the United States and is the only organization advancing the entire pharmacy profession.

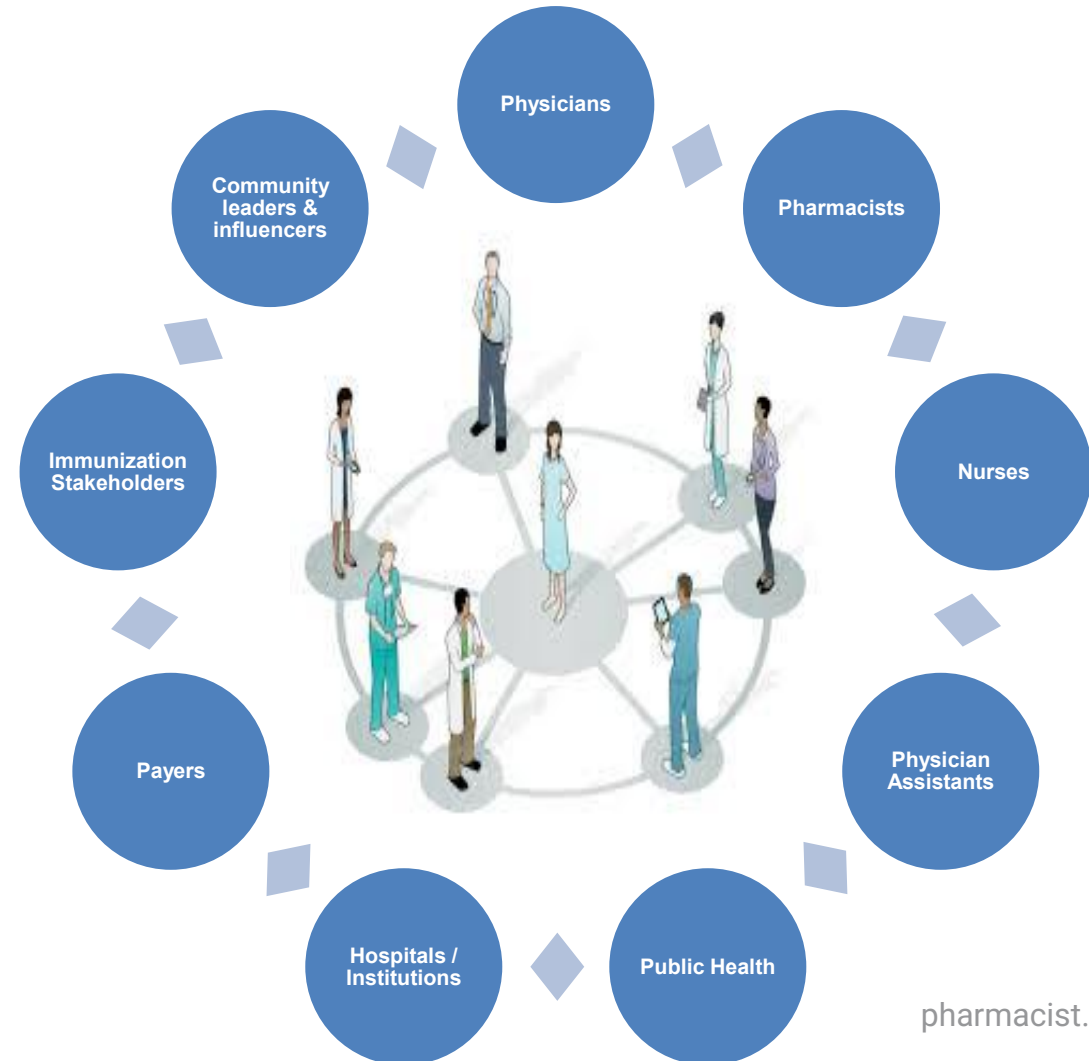
Pharmacists are accessible



- » there are **15.1% more pharmacy locations** within low-income communities than physician practices, and³
- » pharmacy locations offer **95.7% more operating hours than physician practice sites.**⁴

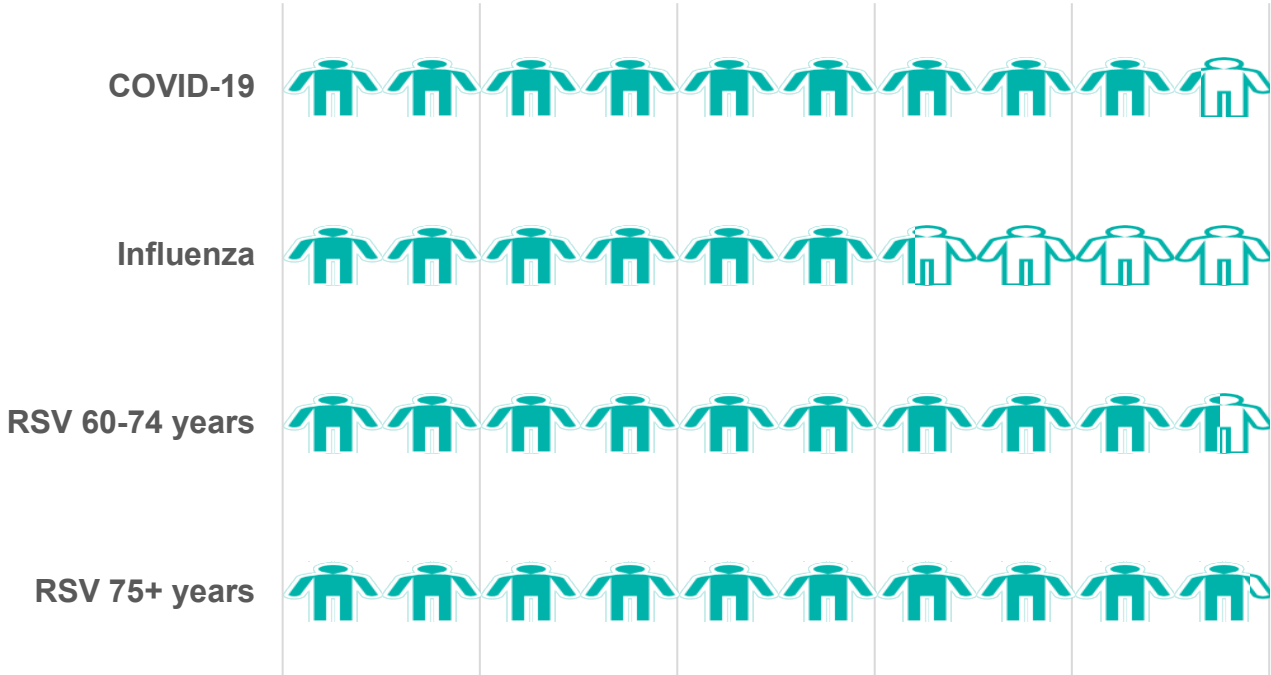
Pharmacists in the immunization neighborhood

Collaboration, coordination, and communication among immunization stakeholders dedicated to meeting the immunization needs of the patient and protecting the community from vaccine-preventable diseases.
– coined by APhA in 2012



Pharmacies: America’s vaccination powerhouse

Pharmacists and pharmacy personnel delivered most adult vaccines during the 2024-2025 season. Their accessibility and trust make them essential to public health.

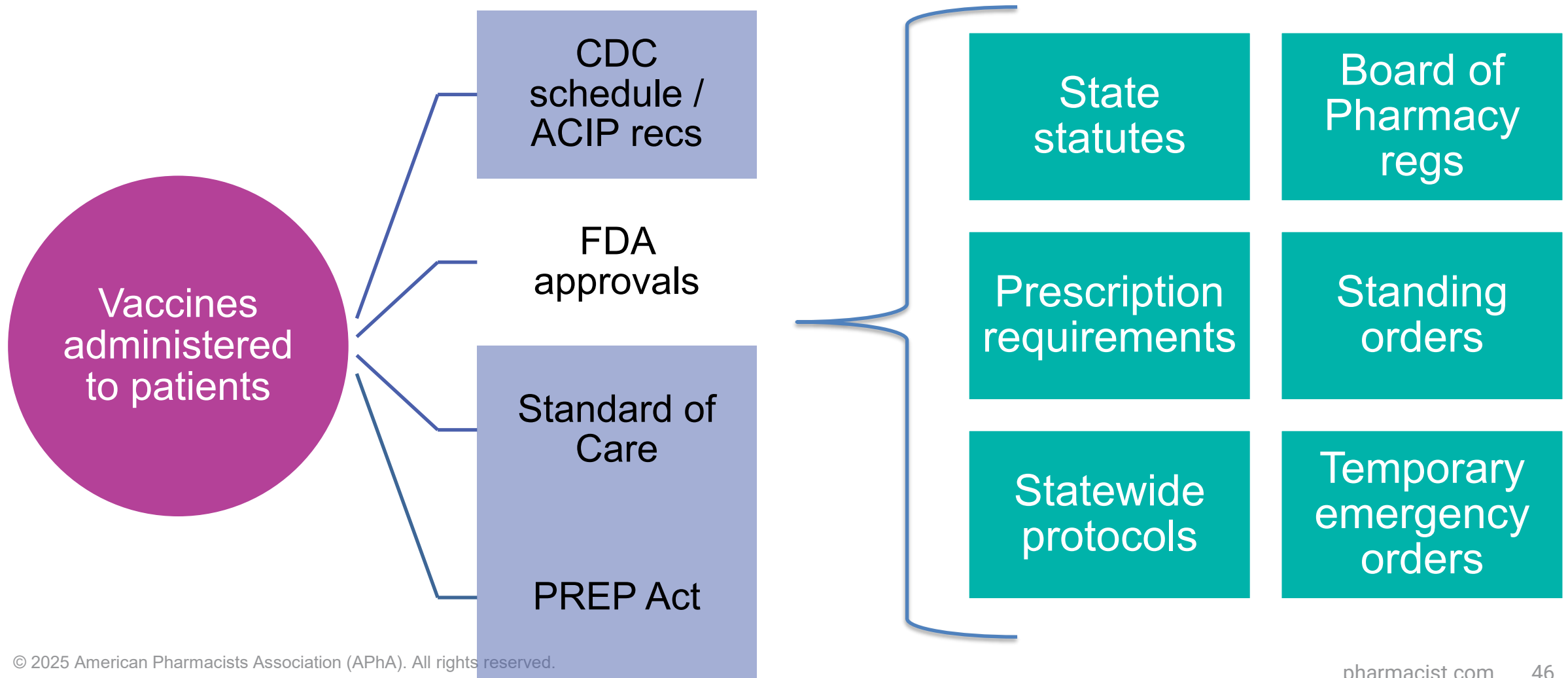


1. COVID-19 vaccinations administered in pharmacies and medical offices*, adults 18 years and older, United States. (2025, May 7). COVIDVaxView. <https://www.cdc.gov/covidvaxview/weekly-dashboard/vaccinations-administered-pharmacies-medical.html>

2. Influenza vaccinations administered in pharmacies and physician medical offices*, adults, United States. (2025, May 7). FluVaxView. <https://www.cdc.gov/fluVaxView/dashboard/adult-vaccinations-administered.html>

3. Respiratory syncytial virus (RSV) vaccinations administered in pharmacies and physician medical offices*, adults, United States. (2025, May 7). RSVVaxView. <https://www.cdc.gov/rsvVaxView/dashboard/adult-vaccinations-administered.html>

Pharmacists' authority to immunize



Scope of practice variation

Jurisdictional variations

Pharmacist authority to vaccinate children varies widely among states, causing diverse immunization capabilities.

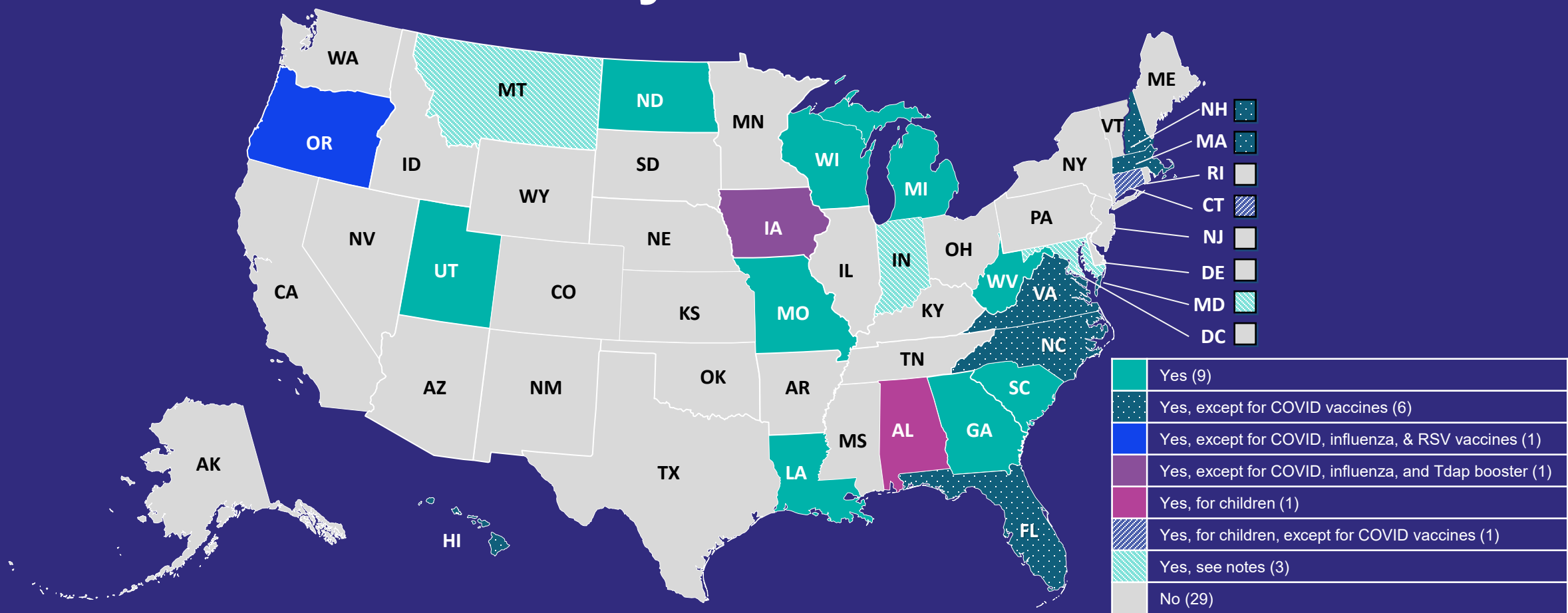
Impact on immunization programs

Restrictions limit pharmacist involvement in programs like VFC, complicating childhood immunization efforts.

Need for harmonization

Aligning laws with federal guidelines can improve vaccine access and pharmacist participation statewide.

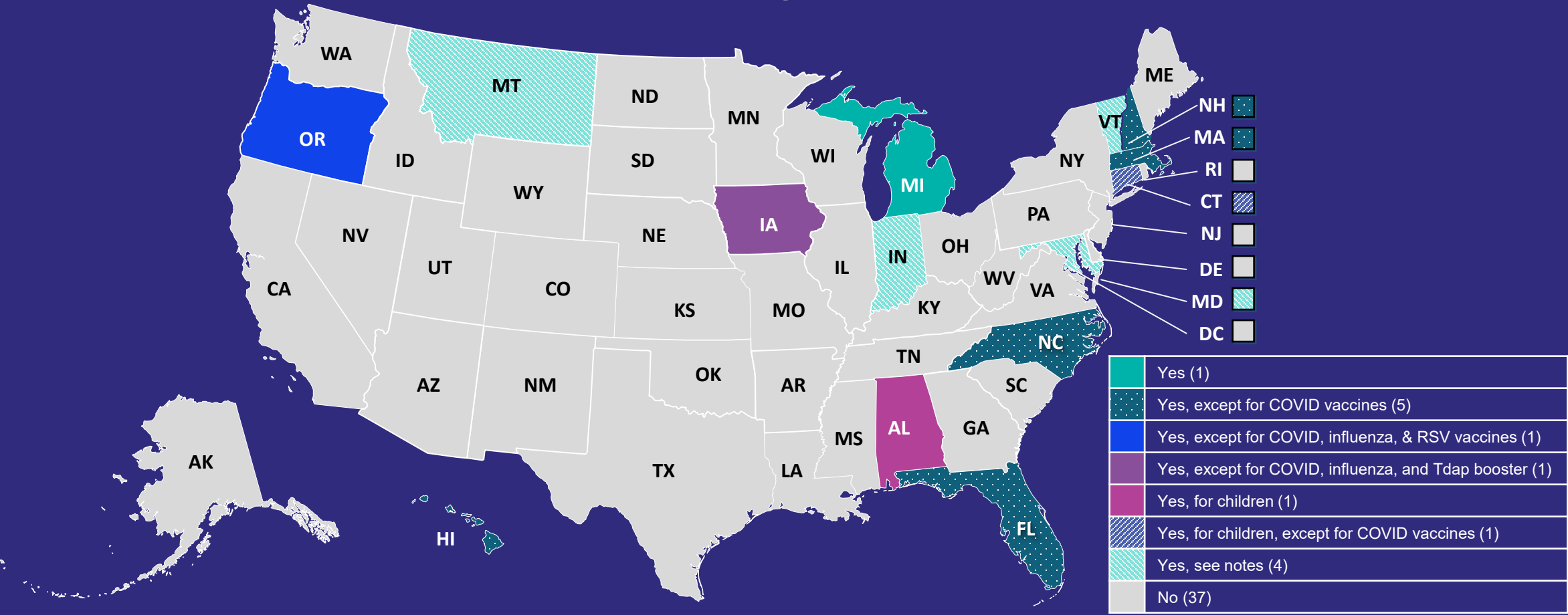
Is a pharmacists' authority to order vaccines currently tied to ACIP?



Is a pharmacists' authority to order vaccines currently tied to ACIP?

Indiana	The standing order permits only vaccines recommended by ACIP. Any other vaccine may be provided if the patient has a prescription.
Maryland	Reference to ACIP is limited to schedule available on December 31, 2024 or schedules published at a later date but only for new vaccines
Montana	<p>Pharmacists can prescribe influenza, pneumococcal, tetanus, diphtheria, and pertussis vaccines without ACIP recommendations.</p> <p>Pharmacists can prescribe herpes zoster vaccines with ACIP recommendations.</p>

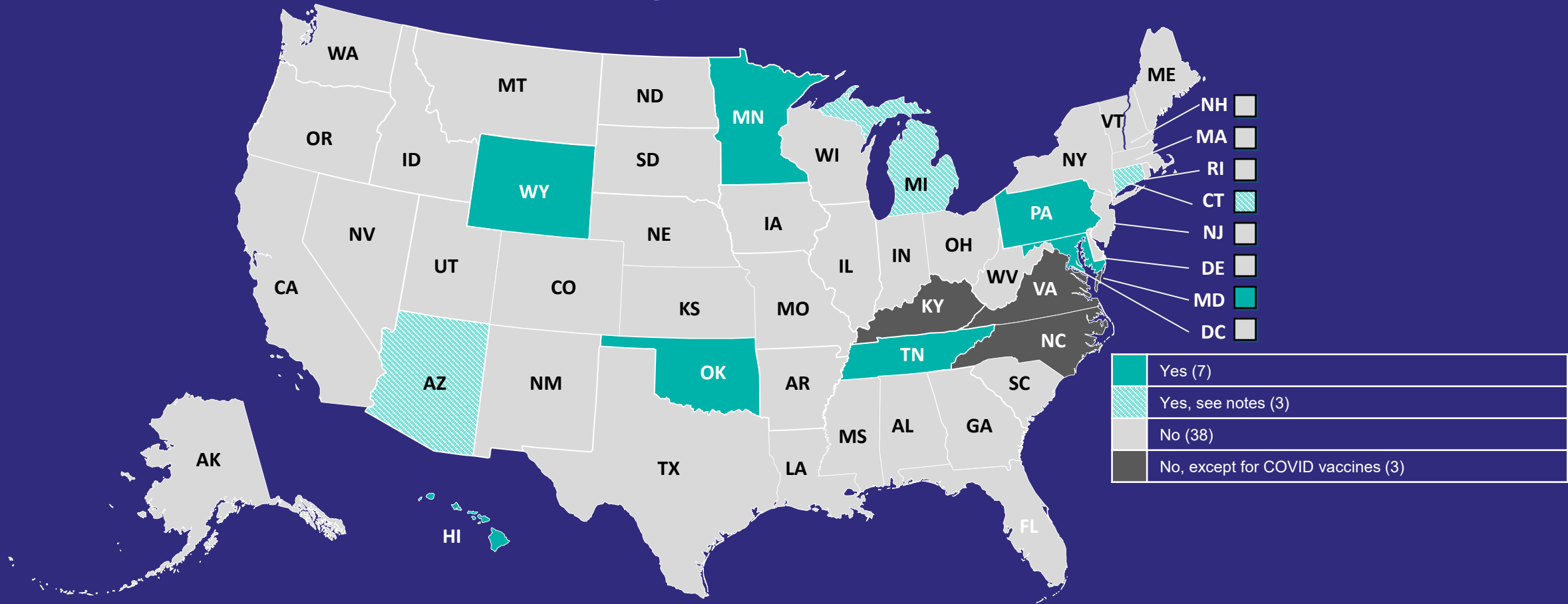
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Montana	Pharmacists can prescribe influenza, pneumococcal, tetanus, diphtheria, and pertussis vaccines without ACIP recommendations. Pharmacists can prescribe herpes zoster vaccines with ACIP recommendations.
Vermont	Pharmacy technicians’ authority to administer vaccines is tied to ACIP. Pharmacists’ authority to administer vaccines is not tied to ACIP.

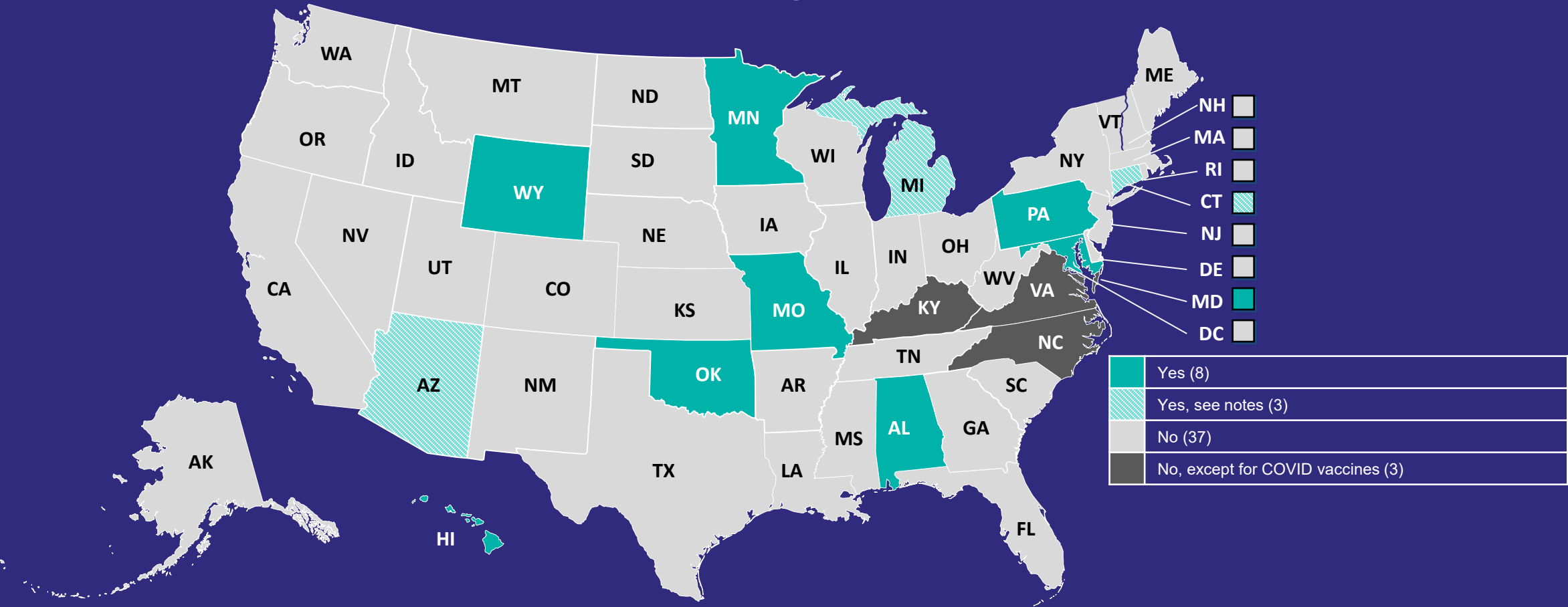
Is a pharmacists' authority to order vaccines currently tied to FDA?



Is a pharmacists' authority to order vaccines currently tied to FDA?

Arizona	<p>Standing order refers to COVID-19 vaccines approved by FDA.</p> <p>Other vaccines do not appear tied to FDA approval.</p>
Connecticut	<p>State law refers to FDA and executive action for COVID-19 vaccines refers to FDA</p>
Michigan	<p>The Michigan Chief Medical Executive Standing Recommendation states that anyone "who has not received a dose of a Food and Drug Administration (FDA)-approved or -authorized 2025-2026 COVID-19 vaccine may be considered to have an underlying condition that puts them at high risk for severe outcomes from COVID-19 and is thus eligible to receive an age-appropriate dose."</p>

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Pharmacy-based Vaccine Access Work Group



Guiding principles for state policy on pharmacy personnel-administered vaccines

- Authorization to Prescribe/Order and Administer
- Evidence-Based, Standard-of-Care Approach
- Broad Definition of Vaccine Eligibility
- Population Access and Age Inclusion
- Training Requirements
- Clear Rulemaking Authority
- Adequate Payment and Coverage



Example

Example of state law today

2. A licensed pharmacist may execute a non-patient specific regimen prescribed or ordered by a physician licensed in this state or nurse practitioner certified in this state, pursuant to rules and regulations promulgated by the commissioner. When a licensed pharmacist administers an immunizing agent, he or she shall:

- a. report such administration by electronic transmission or facsimile to the patient's attending primary health care practitioner or practitioners, if any, and, to the extent practicable, make himself or herself available to discuss the outcome of such immunization, including any adverse reactions, with the attending primary health care practitioner, and to the statewide immunization registry or the citywide immunization registry, as established pursuant to and to the extent permitted by section twenty-one hundred sixty-eight of the public health law; and
- b. provide information to the patient or, where applicable, the person legally responsible for the patient, on the importance of having a primary health care practitioner, developed by the commissioner of health; and
- c. report such administration, absent of any individually identifiable health information, to the department of health in a manner required by the commissioner of health; and
- d. prior to administering the immunization, inform the patient or, where applicable, the person legally responsible for the patient, of the total cost of the immunization or immunizations, subtracting any health insurance subsidization, if applicable. In the case the immunization is not covered, the pharmacist must inform the patient or, where applicable, the person legally responsible for the patient, of the possibility that the immunization may be covered when administered by a primary care physician or practitioner; and
- e. administer the immunization or immunizations according to the most current recommendations by the advisory committee for immunization practices (ACIP), provided however, that a pharmacist may administer any immunization authorized under this section when specified by a patient specific order.

a. Immunizations.

- 1. Pursuant to section 6801 of the Education Law, a pharmacist with a certificate of administration issued by the department pursuant to paragraph (3) of this subdivision shall be authorized to administer immunization agents prescribed in paragraph (2) of this subdivision to patients therein specified, provided that:
 - i. the pharmacist meets the requirements for a certificate of administration prescribed in paragraph (3) of this subdivision and the order and protocol meet the requirements set forth in paragraph (5) of this subdivision; and
 - ii. with respect to non-patient specific orders:
 - a. the immunization is prescribed or ordered by a New York State licensed and registered physician or certified nurse practitioner, with a practice site in New York State; and
 - b. if the commissioner of health determines that there is an outbreak of disease, or that there is the imminent threat of an outbreak of disease, then the commissioner of health may issue a non-patient specific regimen applicable statewide.
- 2. Authorized immunization agents. A certified pharmacist who meets the requirements of this section shall be authorized to:
 - i. administer to patients 18 years of age or older, immunizing agents to prevent influenza, pneumococcal, acute herpes zoster, hepatitis A, hepatitis B, human papillomavirus, measles, mumps, rubella, varicella, COVID-19, meningococcal, tetanus, diphtheria, or pertussis disease, pursuant to a patient specific order or a non-patient specific order;
 - ii. administer to patients between the ages of two and 18 years of age, immunizing agents to prevent influenza, pursuant to a patient specific order or a non-patient specific order; and
 - iii. administer other immunizations recommended by the advisory committee on immunization practices of the centers for disease control and prevention for patients 18 years of age or older, pursuant to a patient specific or a non-patient specific order, if the commissioner of health in consultation with the commissioner determines that an immunization:
 - a. may be safely administered by a licensed pharmacist within their lawful scope of practice; and
 - b. is needed to prevent the transmission of a reportable communicable disease that is prevalent in New York State; or
 - c. is a recommended immunization for such patients who:
 - 1. meet age requirements;
 - 2. lack documentation of such immunization;
 - 3. lack evidence of past infection; or
 - 4. have an additional risk factor or another indication as recommended by the advisory committee on immunization practices of the centers for disease control and prevention.

Suggestion from guiding principles

Section 1: Practice of Pharmacy – Authorization to Prescribe and Administer Vaccines
Suggested placement: Professions and Occupations title (usually under the Pharmacy Practice Act)

- (A) A pharmacist may independently prescribe and administer any vaccine, according to the standard of care.
- (B) A pharmacist may delegate to a pharmacy intern or pharmacy technician the authority to administer any vaccine under the supervision of a pharmacist.
- (C) The Board of Pharmacy shall have rulemaking authority to implement and enforce the provisions of this section.

Pharmacy engagement in VFC

2024: +112 Kroger Pharmacy locations in Indiana to total 334 pharmacies out of 37,319 (0.9% pharmacies)

2023: 222 pharmacies out of 37,207 VFC providers (0.6% pharmacies)

2021: 96 pharmacies out of 38,4000 VFC providers (0.3% pharmacies)

<https://www.immunizationmanagers.org/documents/indiana-pharmacies-as-vfc-providers/>

Acknowledgement: Three-C Consulting Group, LLC

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OCT 2023 # of Active VFC Providers	APRIL 2023 # of Active VFC Providers	Jurisdiction	OCT 2023 # of Active Pharmacy VFC Providers	OCT 2023 % of VFC Providers who are pharmacies	APR 2023 # of Active Pharmacy VFC Providers
1540	1584	New York State	68	4.42	79
1233	1273	New York City	22	1.78	27
391	393	Arkansas	14	3.58	11
732	730	Virginia	13	1.78	13
2806	2805	Texas (and Houston)	12	0.43	13
3287	3366	California	10	0.30	7
341	342	Utah	9	2.64	7
782	779	Oklahoma	8	1.02	9
974	964	Washington	8	0.82	6
803	803	Indiana	6	0.75	5
741	746	Minnesota	6	0.81	5
201	196	Puerto Rico	6	2.99	4
585	592	Iowa	5	0.85	5
781	793	Massachusetts	4	0.51	3
1448	1443	Pennsylvania & Philadelphia	4	0.28	2
719	715	Wisconsin	4	0.56	4
522	520	Alabama	3	0.57	4
346	349	New Mexico	3	0.87	3
56	56	District of Columbia	2	3.57	2
253	251	Nevada	2	0.79	2
1168	1157	Ohio	2	0.17	2
617	642	Oregon	2	0.32	2
205	205	Hawaii	1	0.49	
317	313	Kansas	1	0.32	1
768	768	Louisiana	1	0.13	
309	303	Maine	1	0.32	1
430	427	Mississippi	1	0.23	1
675	672	Missouri	1	0.15	
300	300	Nebraska	1	0.33	
471	475	South Carolina	1	0.21	1
639	642	Tennessee	1	0.16	3

Pharmacy engagement in VFC

Barriers

- Administrative burden (annual enrollment, site visits)
- Inadequate reimbursement (Medicaid/VFC rates below Medicare)
- Storage and equipment requirements and costs
- Fear of sanctions and eligibility verification complexity

Needed Alignment

- Compliance visit frequency (federal vs. state)
- Provider definition (CDC vs. state interpretation)
- Multi-site pharmacies enrollment complexity

Pharmacy engagement in VFC



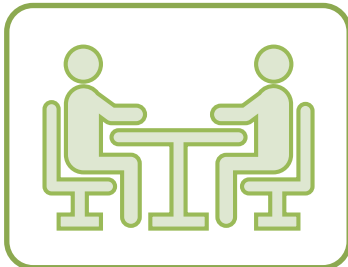
VFC focused solutions

- Simplify enrollment (bath for chains, manual attestations)
- Harmonize definitions and compliance requirements
- Modernize eligibility checks (IIS integration, VFC cards)
- Align payment rates with Medicare; explore tax credits



Operational supports

- Accept advanced technologies for storage and monitoring
- Alternative supply models (commercial stock with reimbursement)
- Data exchange optimization (IIS/IZ Gateway)



Beyond VFC

- State-funded pediatric vaccine programs
- Public-private partnerships for vaccine supply
- Outreach campaigns to raise awareness



APhA

*For Every Pharmacist.
For All of Pharmacy.*

Thank you!

Q&A



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Association of Immunization
Managers



Association of
Immunization
Managers

AIM & Partner Resources



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Association of Immunization
Managers



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Program Practice Database

Pharmacy related practices

The Program Practice Database is a peer sharing platform that gathers innovative and successful promising practices for immunization programs to review for inspiration .

Pharmacy related practices includes:

- [Indiana: Pharmacies as Vaccines for Children \(VFC\) Providers](#)
- [Washington DC: Under Age 12 Vaccination Strategies](#)
- [North Dakota: Pharmacy Collaboration to Improve Vaccine Administration](#)
- [South Dakota: Coalition Partnership to Increase Education Opportunities](#)
- [Kentucky: Vaccine Extravaganza](#)

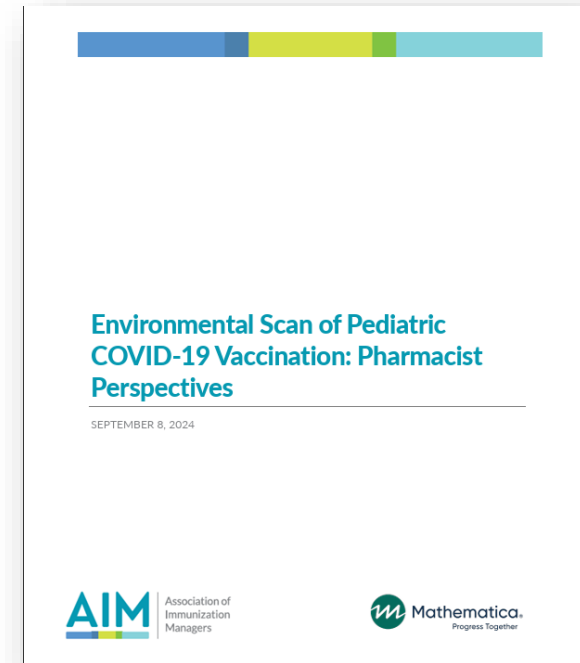


Want to share your program's best practice?
Email info@immunizationmanagers.org

Environmental Scan of Pediatric COVID-19 Vaccination: Pharmacist Perspectives

This report summarizes the findings of a mixed-methods environmental scan sponsored by the CDC and conducted by AIM and Mathematica to investigate pharmacists' experiences and perspectives in offering pediatric COVID-19 vaccinations and the feasibility of participation in the VFC program.

[Read the Environmental Scan of Pediatric COVID-19 Vaccination report](#)



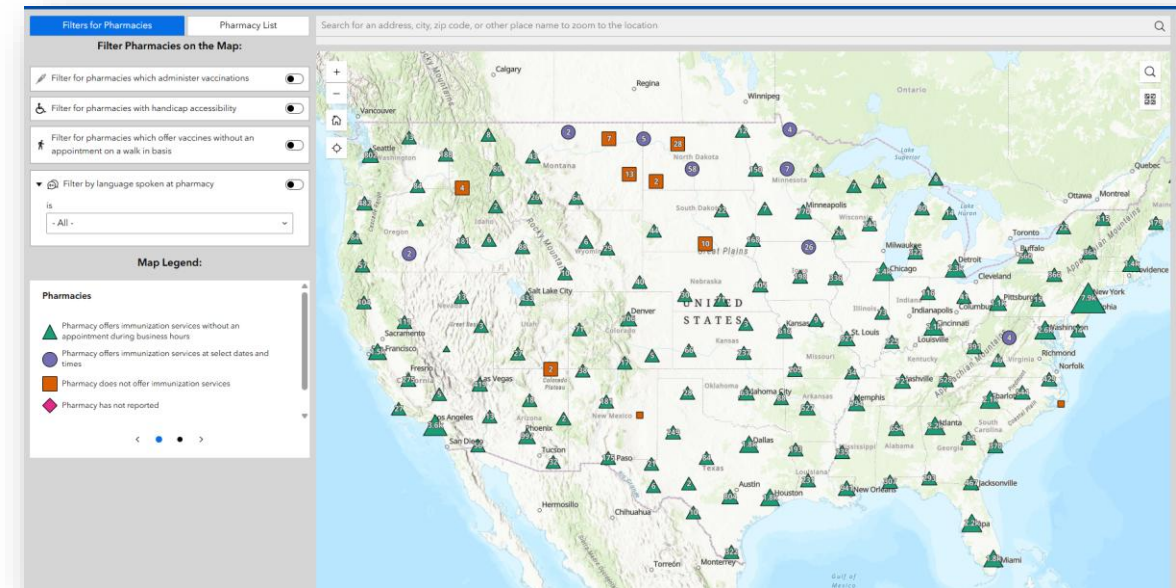
APhA Vaccine Confident Website

APhA's Vaccine Confident website is part of an initiative to help pharmacists strengthen vaccine confidence in their patient and communities.

Tools and resources available include:

- Public vaccine access map
- Health care provider vaccine access map
- Webinars
- Patient education materials (e.g., flyers, brochures, tear sheets)
- APhA Vaccine Confident Playbook

[Visit APhA's Vaccine Confident Website](https://www.vaccineconfident.org/)



Vaccine Track and EasyVax

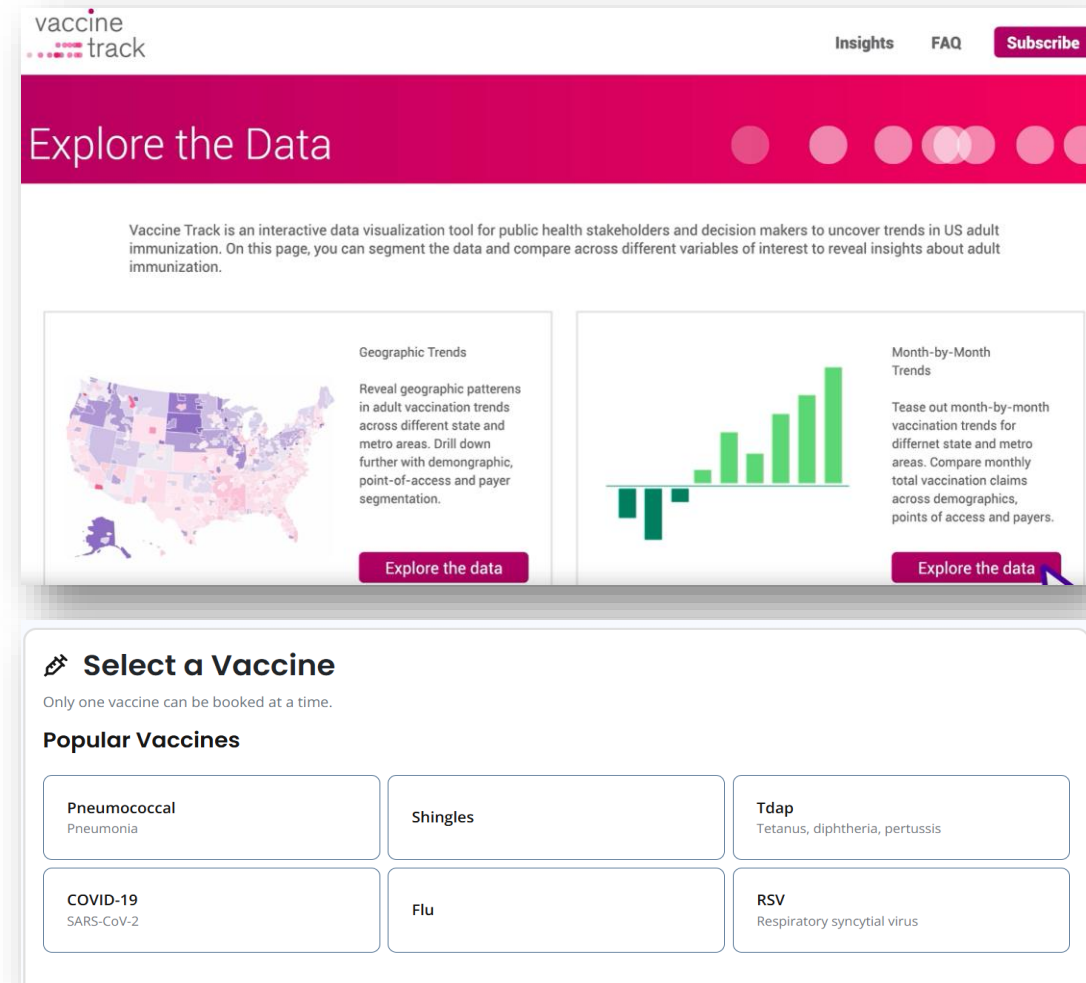
Adult vaccine resources

Vaccine Track:

- Interactive public data tool designed to provide month-by-month insights into adult vaccination trends. Includes: metro-level data, adult vaccination data from 2015-2025, segmented data segmented by points of access and age.

EasyVax:

- Adult vaccine appointment finder tool. Individuals can search by vaccine type then find appointments from pharmacies in their area.



Please Complete: Evaluation

- The AIM Leadership in Action conference aims to serve our members and partners by facilitating idea sharing, leadership training, and connection.
- Please also take the survey at the end of the conference as well, to share your honest feedback.
- Our goal is to make next year's conference even better. Thank you!

Complete the
evaluation for this
session in the
conference app.



Thank you!



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